

Name in Full

Certificate of Death

Name in Full *George Baker*  
 Town *South River* County *Anne Arundee*  
 Died at *South River Anne Arundee* MARYLAND  
 Date 189*8* Month *Aug* Day *30* Y. *40* M. *40* D. *40* Native of *Md* Occupation *Oysterman*  
 Male *White* Married *Widow* ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*  
 Husband of *Minnie Hopkins*  
 Wife of *Minnie Hopkins*  
 Father's Name *James Baker* Mother's Name *Calisin*  
 Cause of Death { Primary *Dysentery* 84 How long sick *13 days*  
 Immediate *Perforation* Accident, Suicide, Homicide

Reported by *John Collinson Md*  
 Address *South River A. A. County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65025



Name in Full

Certificate of Death

Isabella Bias.

Died at

Town

Annapolis

County

AA

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 August 22<sup>nd</sup>

Age

9 Months

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Mary White

Cause of

Primary

Cholera Infantum

How long sick

Four days

Death

Immediate

82

Accident, Suicide, Homicide

Reported by

Address

John Ridout M.D.  
Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record  
Sept 10th 98

Henry Boston  
 Town County  
 Died at South River Anne Arundel. MARYLAND  
 Date 1898 Aug 29 Age 84 Y. M. D. Native of Md Occupation laborer  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4  
 Husband of Adeline Haller  
 Wife  
 Father's Name Mother's Name  
 Cause of Death { Primary Kidney & dropsy 97 How long sick 2 yrs  
 Immediate Heart failure Accident, Suicide, Homicide  
 Reported by John Colleson M.D.  
 Address South River A.A. County



Ida Brannon

Town

County

Died at Annapolis

A a Co

MARYLAND

Date 189 9 Month 8 Day 19 Age 33 Y. 8 M. 8 D. 8 Native of City Occupation domestic  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living 3

Husband of

Father's Name Wm QueenMother's Name Eleanor Queen

Cause of Death { Primary Phthisis Pulmon How long sick 9 months  
 Immediate Diarrhoea 22.0. Accident, Suicide, Homicide

Reported by Wm Bishop M.D.Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recd for record  
Aug 22<sup>d</sup> 1898



Name in Full

Certificate of Death

George Goodhart

Town

County

Died at

Annapolis Junction

A. A. Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

8 - 18

Age

R. R. employee

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

145d

Cause of

Primary

Railroad Accident

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Marlboro Times Aug. 26

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Eva Hall

Died at <sup>Town</sup> Odenton <sup>County</sup> Anne Arundel MARYLAND

Date 189 <sup>8</sup> <sup>Month</sup> 8 <sup>Day</sup> 11 Age <sup>Y.</sup> 14 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Washington <sup>Occupation</sup> School girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of ~~Wife~~

Father's Name not known

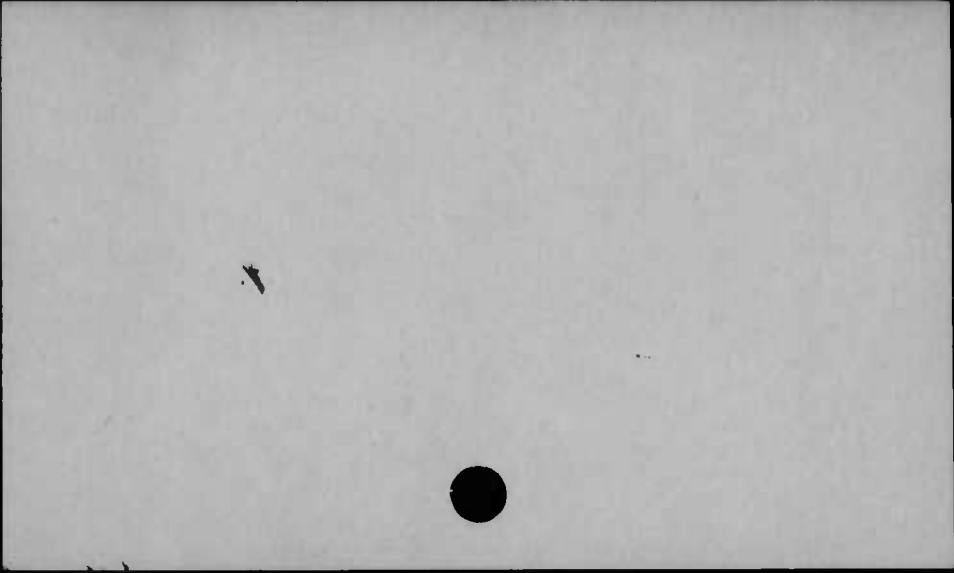
Mother's Name Mary Hall

Cause of Death { Primary Acute Rheumatism 2 Weeks  
Immediate Heart Failure 36

How long sick  
Accident, Suicide, Homicide

Reported by J W DuBois M.D.

Address Germantown, Md



Richard Hall

Town

County

Died at

Odenton Anne Arundel

MARYLAND

Date 189

8

Month

Day

8 11 9

Y.

M.

D.

Age

62

Native of

Occupation

Maryland Farmer

Male

~~White~~

Married

Widow

~~Widow~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

8

Husband

of

Rachel Hall

Father's

Name

Don't know

Mother's

Name

Don't know

Cause of

Primary

Heart disease

How long sick

2 Months

Death

Immediate

Cardiac Dropsy

~~Accident, Suicide, Homicide~~

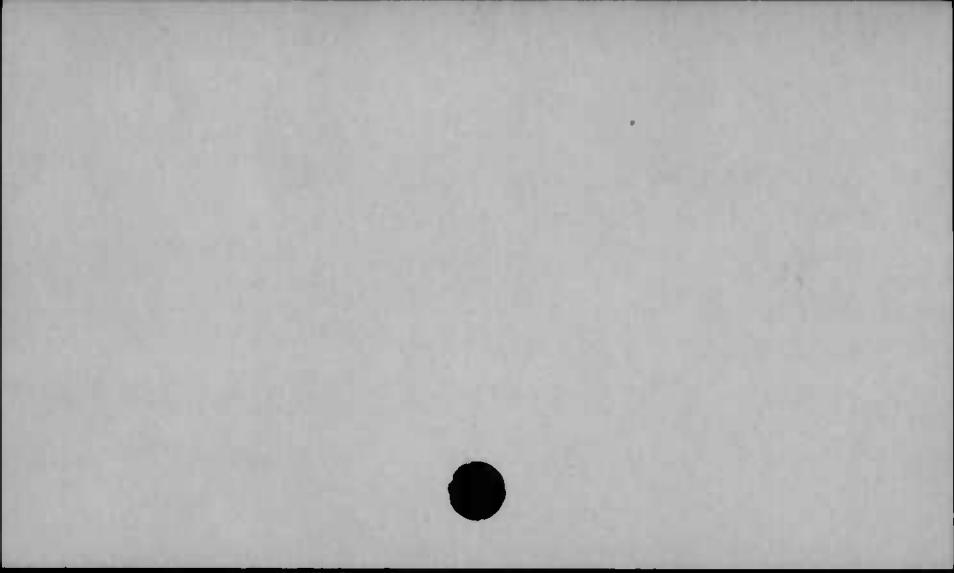
Reported by

J W Dutton MD

Address

Gambrells A. H. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Charlotte Anne Howard

Town

County

Died at

Bristol Anne Arundel

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 21

Age

71

Calvert to

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

~~Husband~~

of

Wife

John Howard

Father's

Mother's

Name

William Morland.

Name

Mary Schley.

Cause of

Primary

Chronic Gastritis

How long sick

3 years

Death

Immediate

Aschemia

45

~~Accident, Suicide, Homicide~~

Reported by

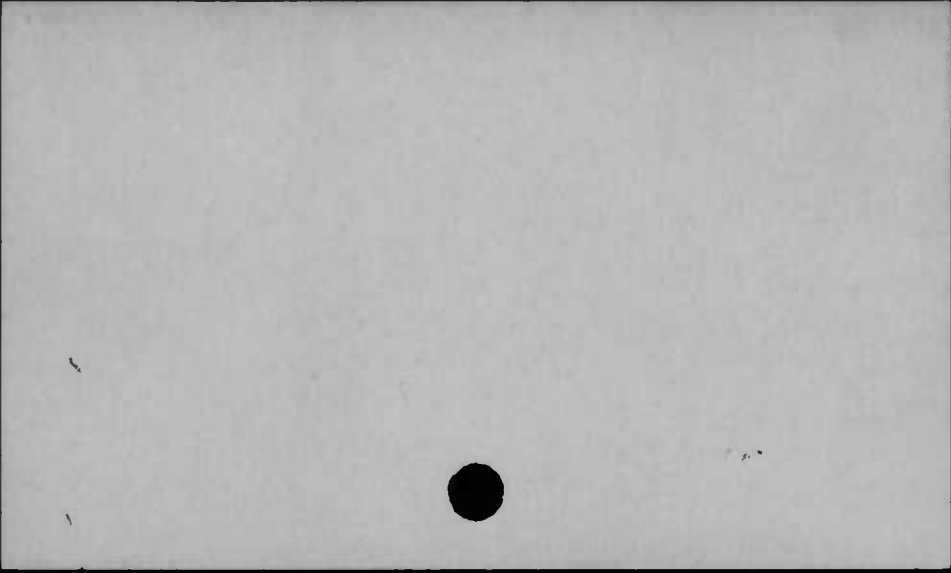
J. M. Channing M.D.

Address

Dunkirk. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Died at

Date 1898

Male

~~Female~~Husband  
ofFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jacob Hutton

Town

County

Churchton

A. A.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 15

Age

66

-

-

Md

Farmer

Married

~~Widow~~~~Divorced~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Maria Holland

Tom Hutton

Mother's

Name

Sarah Thomas

Primary

Pulmonary Tuberculosis

How long sick

2 years

Immediate

"

Hemorrhage

Accident, Suicide, Homicide

Geo. T. Bent, M.D. 279

Churchton

Md



Died at

Date 1898

Male

Month

Day

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of Primary

Death Immediate

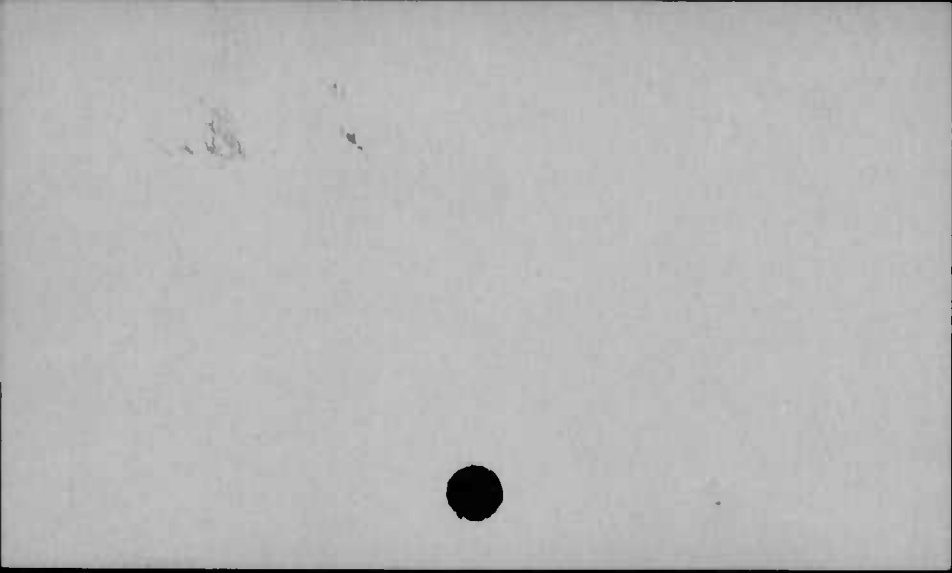
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Fannie M Lang*

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

*8. 7* Age *41.3* *Baltimore* *Wom*

~~Male~~ *female* ~~White~~ *White* ~~Married~~ *Married* ~~Widow~~ *Widow* ~~Divorced~~ *Divorced*

Husband

Wife

Father's

Mother's

Name

Name

Cause of

Primary

*Pulmonary Consumption*

How long sick

Death

Immediate

" "

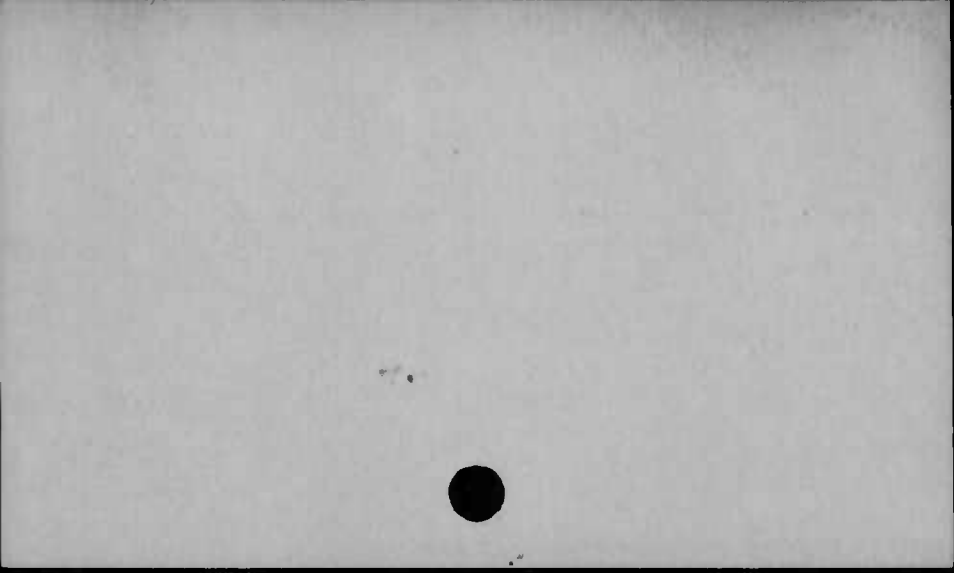
Accident, Suicide, Homicide

Reported by

Address

*J. H. DuBois M.D.*  
*Gambrells* *Adco Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis Girard Mc Mahon

Town

County

Died at

Montevideo A. A. Co.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 24 4 27 A. A. Co.

Male

White

MarriedWidowDivorced~~Female~~~~Colored~~

Single

WidowerNumber of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cholera Infantum

How long sick

6 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

R. A. Hammond D. D. 83

Address

Jessup Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965





Name in Full

Certificate of Death

Jane E. Matthews

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 25

Age

2

8

Annapolis

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

child

~~Husband~~~~Wife~~

Father's

Name

Frederick Matthews

Mother's

Name

Maggie Matthews

Cause of

Primary

Enteritis

Death

Immediate

Meningitis

SV

How long sick

about 20 hours

~~Accident, Suicide, Homicide~~

Reported by

Wm. S. Welch

M.D.

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Recd for record,  
Aug 25<sup>th</sup> 1898

Name in Full

Certificate of Death

Henry Medford

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

8 - 26

Age

70

~~Married~~~~Widow~~~~Divorced~~

Oyster-dealer

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 4

Husband

of

Wife

Father's

Mother's

Name

Name

44

Cause of

Primary

Paralysis

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Evening Capital (Annapolis) Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Aug 10

Age

3

7

20

Baltimore

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Diphtheria

sa

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Geo. B. Horton

M.D.

Address

So. Baltimore

A-A-C, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65000



Clara Patee

Town

County

Died at

Brooklyn

a.a.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

8

1

Age

30

a a a

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Phyloritis

93

How long sick

one week

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Ann E. Humphrey

Town

County

Died at Helham's P.C.

Anne Arundel

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

8-31

Age

64

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~Number of children living *Several*

Wife

of

Father's  
Name

Chas. Humphrey

Mother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Advertiser (Annapolis)

9-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



# CERTIFICATE OF DEATH.

Date of Death, *17 August 1st 1898*  
 Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *Joseph Schineberg*  
 Sex, Male or ~~Female~~, { Cross out the words not required in this line. }  
 Age, *17* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }  
 Occupation, *Clerk*

Birthplace, { State or county, and how long in the United States, if of foreign birth. } *N. Y.*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } *South Baltimore A. A. Co. Md.*

Cause of Death, { First (Primary), *Accidental Drowning*,  
 Second (Immediate), \_\_\_\_\_

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

{ Undertaker, \_\_\_\_\_

{ Place of Business, \_\_\_\_\_

*Thomas L. McClelland P. M. D.,*

Medical Attendant.

*Address, Brooklyn A. A. Co. Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

OF HEART—Variety. Valves involved.

—Variety and Cause.

AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

*Commissioner of Health and Registrar.*

REMARKS.

1001. E. S. 1001

Harriet Scott

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date 1898

Month

Day

Aug 24

Y.

M.

D.

Native of

Occupation

Age

33

City

Domestic

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Read for record  
Aug 24<sup>th</sup> 1898

Wm M. Smallwood

Town

County

Died at

Waterbury

A. A.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1898

Aug. 31

Age

16

Ind.

Schoolboy

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

R. L. Smallwood

Mother's

Name

Lucenday

Cause of

Primary

Inflammation of Brain

How long sick

10 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

H. B. Gant M.D.

Address

Waterbury

A. A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

James Spicnall

Town

County

A. A.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

8 23

Age 35

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

Congestion Child 19

How long sick

4 day

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Calvert Journal Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Richard Swardon

Town

County

Anne Arundel

MARYLAND

Died at

Date 189

8

Month

8

Day

21

Y.

M.

D.

Native of

Occupation

Farmer

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Burned

146 a

How long sick

Death

Immediate

Accident, ~~Suicide~~ ~~Homicide~~

Reported by

Elliott C. Jones Aug 27<sup>th</sup>

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Joseph E. Thomas

Died at <sup>Town</sup> McEubbinville

County Anne Arundel

MARYLAND

Date 189 <sup>Month</sup> 8 - <sup>Day</sup> 29 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband  
of  
Wife

Father's Name Mother's Name

Cause of Death { Primary How long sick

Death { Immediate Accident, Suicide, Homicide

Reported by

Md. Republican (Annapolis)

Address

Sept 17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

